

## CLOSURE ASSESSMENT REPORT



**KENTUCKY  
DEPARTMENT  
FOR ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK BRANCH  
200 FAIR OAKS LANE, 2nd FLOOR  
FRANKFORT, KENTUCKY 40601  
502-564-5981  
<http://waste.ky.gov/ust>**

**STATE USE ONLY**

Complete and return this form with all requested information within ninety (90) days of underground storage tank system closure.

OWNER NAME

AGENCY INTEREST NUMBER

MAILING ADDRESS

SITE NAME

CITY

STATE

ZIP CODE

STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD

CONTACT PERSON

CITY

STATE

ZIP CODE

AREA CODE/TELEPHONE NUMBER

COUNTY

### TANK SYSTEM INFORMATION

☐ UST Systems Permanently Closed  
☐ Piping Only Permanently Closed

☐ Removed from Ground☐ Closed in Place

Date: (mm/dd/yy)

Contractor who Permanently Closed Tank System:

Certified Remover #

### CLOSURE INFORMATION REQUESTED

### EXCAVATION CONDITION

PIT NUMBER	TANK NUMBER	SIZE IN GALLONS	DATE INSTALLED	LIST ALL CONTENTS EVER STORED IN TANK AND PIPING SYSTEM	PREVIOUSLY REGISTERED TANK		FREE PRODUCT		NOTABLE ODOR		VISIBLE SOIL CONTAMINATION	
					YES	NO	YES	NO	YES	NO	YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CERTIFICATION

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify that the information submitted herewith, including all attached documents, is true, accurate, and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE AND SEAL OF LICENSED PROFESSIONAL ENGINEER OR REGISTERED PROFESSIONAL GEOLOGIST: \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNED: \_\_\_\_\_

SEAL

NAME AND TITLE: \_\_\_\_\_ REGISTRATION # AND DATE: \_\_\_\_\_

## CLOSURE ASSESSMENT REPORT, PAGE TWO

DEP8055/08/06

SITE NAME: AGENCY INTEREST #

TANK# PIT# Tank contents present at time of closure activities: YES ☐ NO ☐ Volume in gallons:

Method of Tank Contents Removal:

Disposal location: Receipt: YES ☐ NO ☐Residual Tank Materials: YES ☐ NO ☐ Analyzed for TCLP: YES ☐ NO ☐ Declared Hazardous: YES ☐ NO ☐

Analytical Method(s): COC Volume in gallons:

Disposal Location:

EPA ID# Receipt or Manifest signed by a representative of receiving facility: YES ☐ NO ☐Cleaning liquids/materials: YES ☐ NO ☐ Analyzed for TCLP: YES ☐ NO ☐ Declared Hazardous: YES ☐ NO ☐

Analytical Method(s): COC Volume in gallons:

Disposal Location: EPA ID#

Residual tank material combined with cleaning liquid/materials for disposal check here YES ☐ NO ☐ Manifest signed by a representative of receiving facility: YES ☐ NO ☐

Disposal location for tank and/or piping: For closed in place, inert material used to fill tank and/or piping

Receipt: YES ☐ NO ☐ Describe condition of tank and/or piping:TANK# PIT# Tank contents present at time of closure activities: YES ☐ NO ☐ Volume in gallons:

Method of Tank Contents Removal:

Disposal location: Receipt: YES ☐ NO ☐Residual Tank Materials: YES ☐ NO ☐ Analyzed for TCLP: YES ☐ NO ☐ Declared Hazardous: YES ☐ NO ☐

Analytical Method(s): COC Volume in gallons:

Disposal Location:

EPA ID# Receipt or Manifest signed by a representative of receiving facility: YES ☐ NO ☐Cleaning liquids/materials: YES ☐ NO ☐ Analyzed for TCLP: YES ☐ NO ☐ Declared Hazardous: YES ☐ NO ☐

Analytical Method(s): COC Volume in gallons:

Disposal Location: EPA ID#

Residual tank material combined with cleaning liquid/materials for disposal check here YES ☐ NO ☐ Manifest signed by a representative of receiving facility: YES ☐ NO ☐

Disposal location for tank and/or piping: For closed in place, inert material used to fill tank and/or piping

Receipt: YES ☐ NO ☐ Describe condition of tank and/or piping:TANK# PIT# Tank contents present at time of closure activities: YES ☐ NO ☐ Volume in gallons:

Method of Tank Contents Removal:

Disposal location: Receipt: YES ☐ NO ☐Residual Tank Materials: YES ☐ NO ☐ Analyzed for TCLP: YES ☐ NO ☐ Declared Hazardous: YES ☐ NO ☐

Analytical Method(s): COC Volume in gallons:

Disposal Location:

EPA ID# Receipt or Manifest signed by a representative of receiving facility: YES ☐ NO ☐Cleaning liquids/materials: YES ☐ NO ☐ Analyzed for TCLP: YES ☐ NO ☐ Declared Hazardous: YES ☐ NO ☐

Analytical Method(s): COC Volume in gallons:

Disposal Location: EPA ID#

Residual tank material combined with cleaning liquid/materials for disposal check here YES ☐ NO ☐ Manifest signed by a representative of receiving facility: YES ☐ NO ☐

Disposal location for tank and/or piping: For closed in place, inert material used to fill tank and/or piping

Receipt: YES ☐ NO ☐ Describe condition of tank and/or piping:

<p align="center"><b>CLOSURE ASSESSMENT REPORT, PAGE THREE</b></p>		
<p><b>DEP8055/08/06</b></p>		
<p><b>AGENCY INTEREST#</b></p>	<p><b>SITE NAME:</b></p>	<p><b>PIT #</b></p>

AGENCY INTEREST#

**SITE NAME:**

PIT #

Receipt/Manifest: YES ☐ NO ☐ List all regulated substances ever stored in tanks or piping associated with this pit:

Was optional soil removal outside the excavation zone performed: YES ☐ NO ☐.

IN COLUMNS, PROVIDE ACTUAL ANALYSIS RESULT FOR WALLS, BOTTOM, PIPING TRENCH, BACKGROUND AND EXCAVATED MATERIAL SAMPLES FOR THE MOST RECENT SAMPLING DATE:

[illegible]

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AGENCY INTEREST#	SITE NAME:	PIT #

Analytical Method(s) for Soil Analysis:      Class      Table or Matrix

ALLOWABLE SOIL LEVELS	B	T	E	X	C-PAH	B(a)A	N-PAH	NAP	Ch	LEAD

If Class IV: Depth to groundwater:      Distance to receptors:      Soil Type:

Depth to Bedrock:      Pit Dimensions:

Groundwater in excavation: YES ☐ NO ☐ Other water in excavation: YES ☐ NO ☐ Description:

Downgradient groundwater sampling required: YES ☐ NO ☐ Domestic-use water sources within a 300-meter radius: YES ☐ NO ☐

COMPLETE THE FOLLOWING INFORMATION FOR ALL GROUNDWATER OR PIT WATER ANALYZED.

SAMPLING LOCATION	B	T	E	X	C-PAH	N-PAH	LEAD	NAP	MTBE	DATE COLLECTED	DATE RECEIVED	DATE ANALYZED	DATE EXTRACTED
DOWNGRAIDENT GROUNDWATER													
PIT WATER													
DOMESTIC-USE WATER SOURCE													

Name of Certified Monitor Well Driller:      Certified Driller #

Analytical Method(s) for Water Analysis:

ALLOWABLE GROUNDWATER LEVELS	B	T	E	X	C-PAH	N-PAH	LEAD	NAP

Disposal location for water:      Receipt: YES☐ NO☐ Permit: YES☐ NO☐

If not disposed, explain: